Street View Assessment Form: Segment # _____

Starting Point Plus Code: _____
Ending Point Plus Code: _____

Traffic

1. How many lanes does the street have? (1 / 2 /3 / 4 or more)
2. Is the traffic two-way? (Yes / No)
3. Is the traffic volume high or low? (High / Low)
4. Are there traffic calming features, such as speed humps visible? (Yes / No)

Street Design

1. How wide is the sidewalk? (Less than 1 meter / 1-1.5 meters/ More than 1.5 meters / No sidewalk present)
2. What is the sidewalk surface like? (Paved / Unpaved / Cobbled / Other)
3. Are there any sidewalk obstructions, such as poles or street furniture? (Yes/No)
4. Are there trees, gardens, or other greenery? (Yes / No)
5. Is there public seating? (Yes / No)
6. Are there buffers, such as bike lanes or parking spaces? (Yes / No)
7. What is the distance between the buildings and road? (1-1.5 meters / More than 1.5 meters / No distance)
8. In the event of an extreme weather event, such as flooding, does the street still facilitate mobility for pedestrians? (Yes / No / Not sure)
9. Rate the overall level of cleanliness of the street from 1 (low) to 5 (high) _____

Safety

1. Is there litter? (Yes / No)
2. Are there any construction sites? (Yes / No)
3. Are there any abandoned buildings? (Yes / No)
4. Is there adequate lighting along the street? (Yes/No)
5. Are there clearly marked crosswalks and pedestrian signals at intersections? (Yes/No)
6. Does the street have potholes or other hazards that could impede safe walking or biking? (Yes/No)

Social Interactions

1. Rate the overall level of human presence and social interactions on the street from 1 (low) to 5 (high) _____
2. Are there visible people walking or interacting on the street? (Yes / No)
3. What are the different ways the street is being used? (Transit / Community space / Commercial / Empty)
4. Are there visible storefronts? (Yes / No)

Public Amenities

1. Are there visible bus stops or other transit hubs? (Yes/No)
2. Are there visible issues related to accessibility, such as overcrowding or long wait times? (Yes/No)

Land Use

1. Are there any street vendors or food carts along the street? (Yes/No)
2. Are there any public parks or green spaces nearby? (Yes/No)
3. What is the predominant land use? (Commercial / Residential / Fairly Mixed)

Perceived Walkability

1. Is the street visually attractive? (Yes/No)
2. Does the street feel safe? (Yes/No)
3. Overall, how walkable is the segment? (Very Unwalkable/Unwalkable/Walkable/Very Walkable)

Notes: